

Tracking universal health coverage

2021 Global Monitoring Report

CONFERENCE EDITION



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Foreword



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The right to health is well established in principle but not yet in practice.

The COVID-19 pandemic is the most disruptive event in a century with significant health, social and economic consequences, including shortening healthy life expectancy. It has also demonstrated that investing in universal health coverage (UHC) is the foundation of social, economic, and political stability and global health security.

This report is yet another reminder that our world is way off track to reach the Sustainable Development Goal target on UHC. In 2018, the World Health Assembly adopted the “triple billion” targets, including the target to see 1 billion more people benefiting from UHC by 2023. Even before the pandemic, the world was still 730 million people short of that target; now we estimate that shortfall to be between 800 and 840 million.

Only with a significant increase in ambition will we be able to change the trajectory to progress towards UHC in every country, built on the foundation of primary health care.

UHC is a political choice. At the United Nations General Assembly in September 2019, just a few months before the pandemic struck, all countries made that choice by endorsing the Political Declaration on Universal Health Coverage. The pandemic has only illustrated why that commitment is so important, and why, as the world responds to and recovers from the pandemic, we must all pursue it with more determination, innovation and collaboration.

COVID-19 is a devastating reminder that when health is at risk, everything is at risk, and that health is not a luxury, but a human right; not a cost, but an investment in sustainable development.

Joint statement

Health is a fundamental human right, and universal health coverage (UHC) is critical for achieving that right. UHC represents the aspiration that good quality health services should be received by everyone, when and where needed, without incurring financial hardship. This ambition was clearly stated as a target in the United Nations Agenda 2030 for Sustainable Development and reaffirmed when world leaders endorsed the Political Declaration of the United Nations High-level Meeting on Universal Health Coverage in September 2019, the most comprehensive international health agreement in history. Beyond health and wellbeing, UHC also contributes to social inclusion, gender equality, poverty eradication, economic growth and human dignity.

This report reveals that pre-pandemic, gains in service coverage were substantial and driven by a massive scaling up of interventions to tackle communicable diseases, such as HIV, tuberculosis and malaria. And while impoverishing health spending has decreased in recent years, the number of people impoverished or further impoverished by out of pocket health spending has remained unacceptably high. These trends are exacerbated by substantial and persistent inequalities between and within countries.

The COVID-19 pandemic has subsequently led to significant disruptions in the delivery of essential health services. Rising poverty and shrinking incomes resulting from the global economic recession are likely to increase financial barriers to accessing care and financial hardship owing to out of pocket health spending for those seeking care, particularly among disadvantaged populations. The pre-COVID challenges, combined with additional difficulties arising from the pandemic, brings an even greater urgency to the quest for UHC.

Strengthening health systems based on strong primary health care (PHC) is crucial to building back better and accelerating progress towards UHC and health security. Effective implementation of PHC-oriented health systems enables greater equity and resilience, with greater potential to deliver high-quality, safe, comprehensive, integrated, accessible, available and affordable health care to everyone, everywhere, but most especially the most vulnerable. Substantial financial investments in PHC-oriented building blocks of health systems, particularly in the areas of greatest expenditure (health and care workforces, health infrastructure, medicines and other health products) should be supported, carefully planned and informed by health system performance data to address critical gaps, particularly in low-income and lower-middle income countries.

There is also an urgent need to remove remaining barriers in order to enable access to health care for all. Key barriers to UHC progress include poor infrastructure, with limited availability of basic amenities, weaknesses in the design of coverage policies to limit the harmful effects of out of pocket payments particularly for the poor and those with chronic health service needs, shortages and inefficient distribution of qualified health workers, prohibitively expensive good quality medicines and medical products, and lack of access to digital health and innovative technologies.

Maintaining progress towards UHC is likely to be challenging. UHC is first and foremost a political choice. It is also a moral imperative to guarantee the right to health for all. More than ever before, strong political commitment from world leaders and partners organizations is

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